Author's response to reviews

Title: Cutpoints for mild, moderate and severe pain in patients with osteoarthritis of the hip or knee ready for joint replacement surgery

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Author's response to reviews: see over
Dear Dr Norton:

We hereby submit the revised manuscript MS:7331837581631016

Cutpoints for mild, moderate and severe pain in patients with osteoarthritis of the hip or knee ready for joint replacement surgery

Thank you for a positive review with useful comments that we think have contributed to improving our paper.

Please find a revised version of the manuscript and our comments to the reviewers’ comments (enclosed).

We now hope the paper is acceptable for publication in BMC Musculoskeletal Disorders.

On behalf of the authors,
yours sincerely.

Heidi Kapstad
Reviewer #1 G. Tan

The manuscript has been modified to only generate cutpoints for average pain, as suggested. The tables 2 and 3 have been revised accordingly.

We have made a comment to why we have restricted the potential cutpoints to 0 to 3 for mild and 8 to 10 for severe, on page 14, last line and page 15, para 1, lines 2-3:

*In the present study, we did not consider the full range of possible CPs, but concentrated on a range from 3.5 to 5.7, in line with findings in previous reports (ref. 5,7,8,9)*

Other minor essential revisions:
1. Full names of questionnaires have been spelled out the first time they appear page 5, para 2, lines 12 and 14

Reviewer #2 K Anderson

Minor revisions
Re: the time frame for the WOMAC and the BPI.
We agree that it would have been preferable to have the same time frame for the WOMAC and BPI. We used the standard WOMAC LK 3.1 (Likert version 3.1) that uses a time frame of 48 h, which was available in Norwegian and that we though would be sufficiently close to the 24 h time frame of the BPI. However, there are versions of the WOMAC with alternate time frames of 24 h, 7 days (WOMAC 3.1W), since last visit, last two weeks, and last month (WOMAC 3.1 M) (Bellamy N, Clin Rheumatol 2005;23(Suppl. 39):148.53), but these versions are less commonly used.

I the revision, we have comment on this in the discussion (p. 13, para 2, lines10-12) : *This difference in time frame between the BPI and the WOMAC may possibly influence the results, however, we think the difference between 24 h and 48 h should be minor.*

Re: summary of the validity of the Norwegian version of the WOMAC
The WOMAC was translated to Norwegian for use in a multinational clinical trial. The translation was done by a U.S. organization specialising in such tasks, using a standardized translation/backtranslation procedure. We have noticed several publications from Norwegian research groups using of the WOMAC, though we are not aware of formal assessment of the psychometric properties of the Norwegian version of the instrument. Some aspects of validity has been shown in one of the papers we refer to (the association between the pain scale of the Norwegian WOMAC and another instrument with a pain scale, the AUSCAN, which was found to be moderate as expected), though the purpose of that study was to document the other questionnaire, the AUSCAN. Further, there is documentation on satisfactory psychometric properties of another Scandinavian language version, a Swedish version
In the revised paper, we have rephrased the sentences on the version of the WOMAC to (p. 6, para 3, lines 11-17):

For this study, patients were asked to respond to each item in relationship to the hip or knee joint that was to be replaced. We used the Norwegian Likert scale version 3.1, which assesses pain, stiffness and physical function during the past 48 hours. The questionnaire was translated to Norwegian by a standardized procedure with forward and backward translation and has been used in previous studies [23,24]. The psychometric properties of the WOMAC have been documented in many languages, but this has not yet been reported for the Norwegian version.

We also have added a sentence about the potential problem of one vs. several painful areas to the discussion, as suggested (p. 13, para 2, lines 13-15):

Further, we asked the subjects to respond to questionnaires in relationship to the hip or knee joint that was to be replaced, however if subjects have multiple painful areas, they may have problems assessing the impact of one painful area on function.

Table 1
There were no statistically significant differences between the two patients groups, therefore we have no footnote about this.